

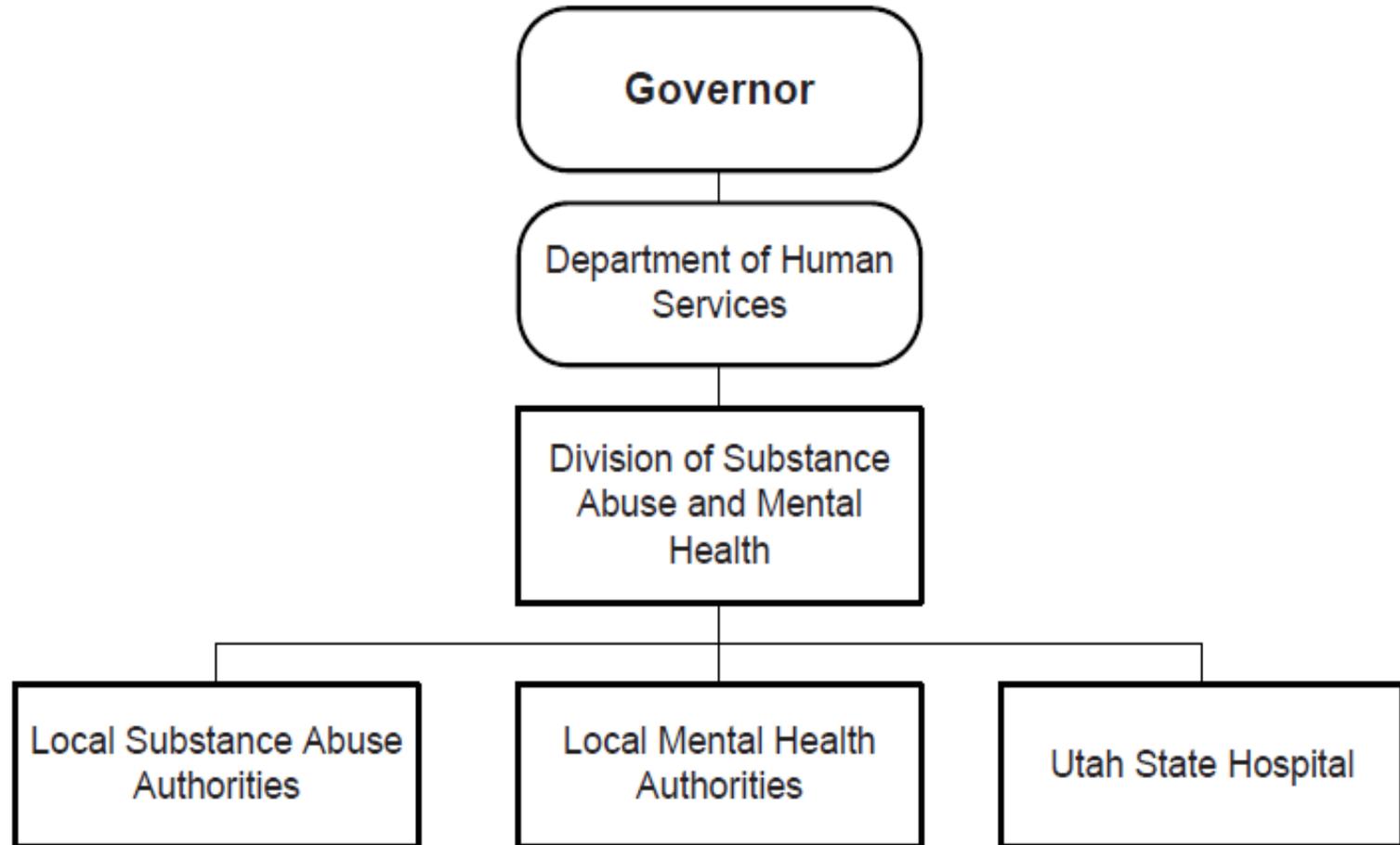
Law Enforcement and Criminal Justice Interim Committee June 17, 2015

**Division of Substance Abuse and Mental
Health**

Doug Thomas – Director

utah department of
human services

Public Behavioral Health Partnership



Who Is the Division of Substance Abuse and Mental Health (DSAMH)?

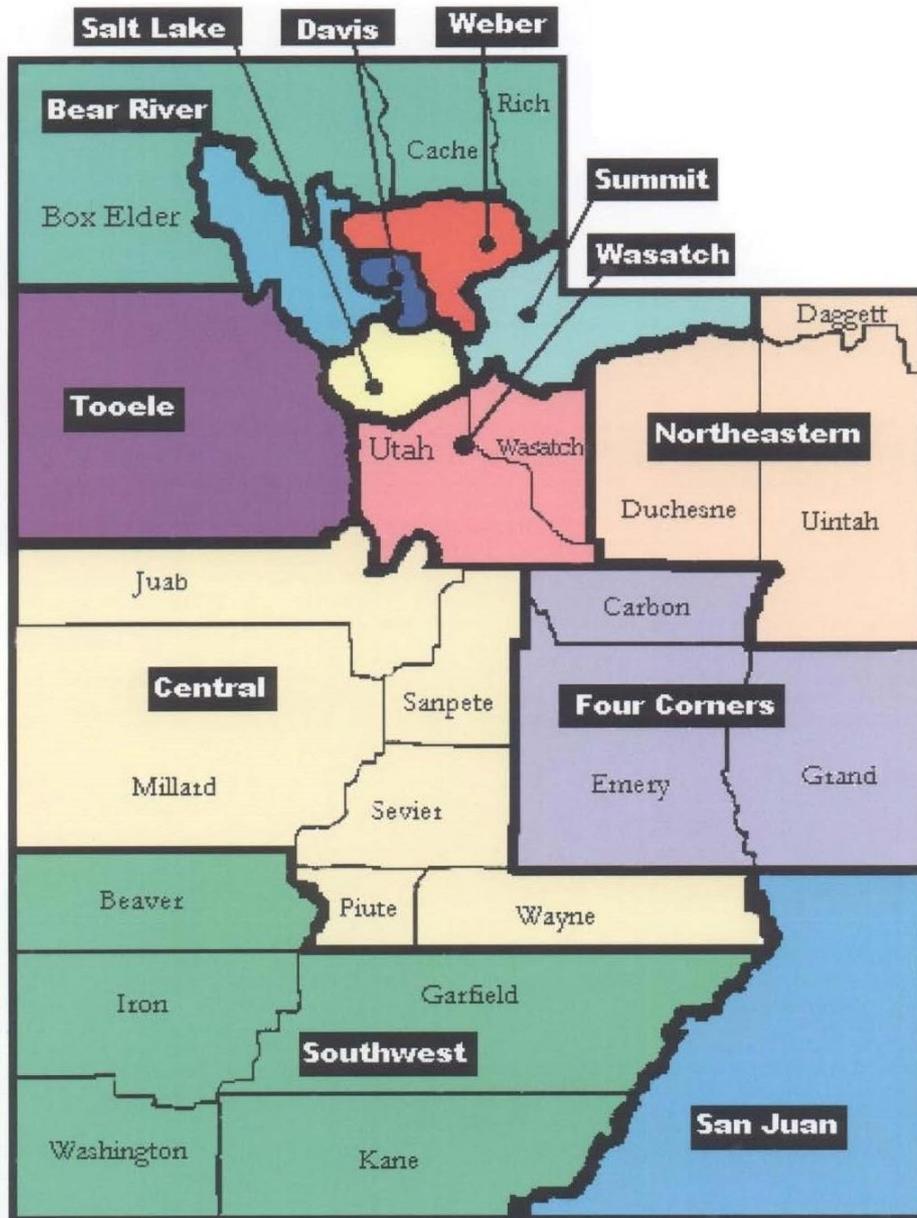
- Single state agency for behavioral health
- Coordinates the publicly funded mental health and substance use disorder treatment and prevention systems (Includes Medicaid)
- Ensure that evidence based, best practices are used to help children, youth, adults and families recover and lead healthy lives in the community



We Promote Hope, Health and Healing

Public System Structure

- DSAMH contracts with each county to provide prevention and treatment services to citizens
- Statewide, there are 13 local authorities who provide services to Utah citizens
- Local authorities can provide direct services or contract with independent providers
- DSAMH monitors each local authority to ensure services follow evidence based best practices



Thirteen (13) Local Substance Abuse Authorities & Thirteen (13) Local Mental Health Authorities

They are the same Authority in all but two areas (Utah County and Bear River-Rich, Cache and Box Elder Counties)

Substance Use Disorder Treatment Needs vs. Treatment Capacity

	Adults (18 years+)		Youth (Under age 18)	
	# Need Treatment	Capacity FY2014	# Need Treatment	Capacity FY2014
Bear River	7,020	920	521	65
Central	3,636	375	313	41
Davis County	13,200	986	1,008	120
Four Corners	2,029	575	197	56
Northeastern	2,290	499	228	19
Salt Lake County	56,433	7,450	5,186	708
San Juan County	692	68	28	18
Southwest	10,336	577	541	58
Summit County	1,703	315	179	32
Tooele County	2,403	578	324	74
Utah County	23,281	942	1,577	15
Wasatch	1,068	138	109	21
Weber	11,329	1,262	1,309	276
State Totals	135,450*	14,845*	11,391*	1503*

* Because of rounding in the percentages, duplication of clients across Local Substance Abuse Authorities (LSAAs) and a small number of clients served in non-local authority contracts, LSAA totals do not add up to the unduplicated total of clients served statewide.

** An additional 320 clients that were served by statewide contract are reflected in the state total.

SUD Clients – Household Income

Substance Use Disorder Clients and Poverty Level Fiscal Year 2014

	Monthly Income Grouping									Total Clients
	None	\$1 - \$500	\$501 - \$1000	\$1001 - \$1500	\$1501 - \$2000	\$2001 - \$2500	\$2501 - \$3000	\$3001 - \$3500	\$3500+	
1	5,262	720	1,344	559	280	96	72	37	93	8,678
2	937	287	438	280	172	48	49	22	87	2,324
3	897	223	368	245	208	59	51	29	83	1,963
4	573	109	227	174	142	70	41	30	88	1,338
5	360	70	116	93	85	44	37	22	81	874
6	181	28	71	62	53	30	25	6	31	426
7	92	18	17	22	23	9	5	5	14	199
8	40	7	6	6	5	5	6	1	7	88
9	13	-	8	4	3	1	1	-	2	34
10+	35	7	12	7	9	3	-	-	3	44
Total Clients	8,390	1,469	2,607	1,452	980	365	287	152	489	15,968

Mental Health Treatment Needs vs. Treatment Capacity

	Adults (18 years+)		Children/Youth (Ages 5-17)	
	# Need Treatment	Served in FY2014	# Need Treatment	Served in FY2014
Bear River	7,328	1,709	4,852	1,221
Central	2,783	683	1,967	494
Davis	10,678	3,239	9,594	1,689
Four Corners	1,553	940	1,171	465
Northeastern	2,390	1,224	2,031	752
Salt Lake	39,275	9,583	33,600	5,934
San Juan	530	407	362	143
Southwest	7,912	1,250	5,143	1,526
Summit	1,778	256	823	145
Tooele	2,508	1,082	2,361	652
Utah County	19,419	6,262	14,136	3,380
Wasatch	1,115	396	573	170
Weber	8,465	4,253	7,020	1,639
State Totals*	105,737*	30,623*	83,632*	17,905*

*Because of rounding in the percentages and duplication of clients across Local Mental Health Authorities (LMHA), LMHA's totals do not add up to the unduplicated total of clients served statewide.

MH Clients – Household Income

Mental Health Clients and Poverty Level Fiscal Year 2014

	Monthly Income Grouping									Total Clients
	None	\$1 - \$500	\$501 - \$1000	\$1001 - \$1500	\$1501 - \$2000	\$2001 - \$2500	\$2501 - \$3000	\$3001 - \$3500	\$3500+	
1	7,566	2,382	4,309	867	319	113	98	50	227	15,931
2	2,025	1,190	1,616	715	343	129	82	42	182	6,324
3	2,098	1,238	1,522	897	499	213	110	80	276	6,933
4	1,917	732	1,238	863	551	297	197	105	392	6,292
5	1,348	412	707	605	437	259	182	98	362	4,410
6	774	190	392	296	294	177	135	76	291	2,625
7	365	110	163	130	135	106	99	33	150	1,291
8	159	60	73	53	70	36	37	30	68	586
9	62	22	39	30	23	20	14	16	28	254
10+	190	80	48	26	23	12	18	10	59	466
Total Clients	16,535	9,786	10,115	4,485	2,696	1,362	972	540	2,037	48,528

Medicaid

- Primary payor for mental health services (75-80% had Medicaid)
- Not the primary payor for substance use disorder (SUD) services (15-25% have Medicaid)

Medicaid and Behavioral Health

- Currently, Medicaid is the largest payer for mental health services in the United States
- In 2007, Medicaid funding comprised 58% of State Mental Health Agency revenues for community mental health services and that % has grown
- Comprehensive services are available through Medicaid; but is typically limited in most states to the child or disabled population (those on Social Security Supplemental Income)
- This is the case in Utah

Comprehensive Continuum of Care for SUD

- Prevention
 - Universal – General Population
 - Selected – High Risk
 - Indicated – Using, But No DSM Diagnosis
- Outpatient
- Intensive Outpatient
- Residential
- Social Detoxification
- Medical Detoxification
- Recovery Support

Mental Health Mandated Services

- Inpatient Care
- Residential Care
- Outpatient Care
- 24 Hour Emergency Crisis Care
- Medication Management
- Psychosocial Rehabilitation Including Vocational Training And Skills Development
- Case Management
- Community Supports Including In-home Services, Housing, Family Support And Respite
- Consultation And Education Including But Not Limited To, Case Consultation, Collaboration With Other State Agencies And Public Education
- Services To Adults Incarcerated In County Facilities

Data to Inform Decisions

- Individuals involved with the criminal justice system have higher rates of substance abuse, mental illness, and other chronic health conditions than the general population.
- Nationally, the Bureau of Justice Statistics (BJS) estimates that 74 percent of state prisoners and 76 percent of local jail inmates are dependent on or abusing drugs or alcohol; and 37 percent of state prisoners and 34 percent of jail inmates said they had used drugs at the time of their offense.
- Similarly, BJS reports that 56 percent of state prisoners and 64 percent of local jail inmates were found to have a mental health condition.

Data to Inform Decisions

- The majority of the criminal justice population is uninsured and has limited access to health care.
- Nationally, it is estimated that 90 percent of those released from prison or jail each year are uninsured.
- The Emergency Room becomes the default primary treatment facility for those in the community with criminal justice involvement.

Data to Inform Decisions

- Healthy Utah will provide an avenue for these individuals to access affordable health insurance.
- The Department of Justice estimates that in states that expand coverage to adults below 138% of FPL, 35 percent of the people that will qualify for coverage will be former inmates and detainees.
- Providing an affordable health benefit to these individuals can save the state in both the cost of delivering care while incarcerated and the cost of individuals entering and/or reentering the system.

Data to Inform Decisions

- Healthy Utah will provide affordable health insurance to individuals who are in need of behavioral health services. Treatment plays a critical role in preventing criminal behavior.
- When Washington expanded Medicaid coverage to childless adults they found that individuals who enter treatment, when compared to those who do not enter treatment, have a reduced likelihood of arrest (16%), reduced likelihood of convictions for any offense (15%), and a reduced likelihood of felony convictions (34%); and that in general they had lower medical and behavioral health costs.

Data to Inform Decisions

- Healthy Utah will ensure individuals have access to care once upon release from prison or jail.
- Access to health insurance will help facilitate care transitions from prison and jail into the community.
- Ensures that if treatment begins while incarcerated it continues after release, increasing engagement and decreasing recidivism.
- One large county in Massachusetts, where 65 percent of their inmates are covered by Medicaid, found that recidivism within three years of release has dropped over 10 percent.

Costs

Uninsured Adults in Utah	% and (#) Uninsured in the CJS	% and (#) in CJS with SUD/MI	Already Enrolled in Services CJS Involved	Case Rate And Total
111,000	33% (36,630)	70% (25,641)	14,985	\$3,100 x14,985 \$46,453,500

111,000 # from DOH http://health.utah.gov/oph/publications/hsu/1406_HealthyUtah.pdf

%Uninsured and in CJS; Council State Governments

<http://csgjusticecenter.org/wp-content/uploads/2013/12/ACA-Medicaid-Expansion-Policy-Brief.pdf>

% in CJS with SUD or MI; Bureau Justice Services <http://www.bjs.gov/content/pub/pdf/mhppji.pdf>

Already Enrolled- 14,845 Adults enrolled SUD x 70%; 30,623 Adults Enrolled MH x 15%

Case Rate-\$3,100 DSSAMH Annual Report

http://dsamh.utah.gov/pdf/Annual%20Reports/2014%20Annual%20Report%20Final%20Web%201_27_15.pdf

Thoughts on Models/Programs that Support JRI

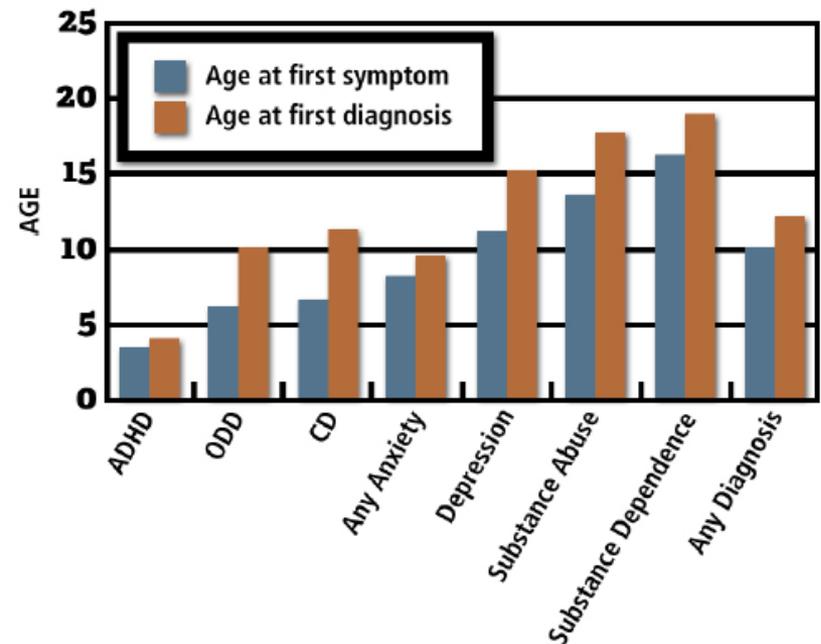
- Healthy Utah
- Prevention and Early Intervention
- Strengthen Crisis Response System
- Develop a comprehensive set of Diversion Services

Thoughts on Models/Programs that Support JRI

- Early Intervention (School Based)
- Mobile Crisis Outreach Teams
- Better Diversionary Services
- Diversion from ER/Inpatient Hospital
- Diversion from State Custody (DCFS, DJJS)
- Diversion from Jail/Criminal Justice System
- Wellness Recovery Centers
- Peer Support/Recovery Coaches
- Collaboration & partnerships are critical

Early Intervention

- 50% of all mental illnesses manifest themselves by age 14
- 75% by age 24
- Symptoms often appear 2-4 years before a diagnosis is possible



What Will Change With Health Care Reform?

- The Models We Use
- Who Pays For Services
- How Clients Choose Providers
- Where Services Are Delivered
- Who Are Providers
- Reimbursement Models
- Transparency Requirements
- Required Outcomes



Conclusions – Q&A

~~UNHEALTHY~~





**For more information
about our programs and
services please visit:
dsamh.utah.gov**

Utah Division of Substance Abuse and Mental Health

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